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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/540,283	06/20/2005	Joseph L Duffy	21304YP	8081
MERCK AND	7590 02/27/200 OCO INC	8	EXAMINER	
P O BOX 2000			LOEWE, SUN JAE Y	
RAHWAY, N.	J 07065-0907		ART UNIT	PAPER NUMBER
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			02/27/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary

 Application No.
 Applicant(s)

 10/540,283
 DUFFY ET AL.

 Examiner
 Art Unit

 SUN JAE Y LOEWE
 1826

	SUN JAE Y. LOEWE	1626	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>SUN JAE Y. LOEWE</u> .	(3)		
(2) <u>PAMELA SPALDING</u> .	(4)		
Date of Interview: 19 February 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>na</u> .			
Identification of prior art discussed: <u>na</u> .			
Agreement with respect to the claims f)☐ was reached. g	ı)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>No response has been fit</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGEN INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERILE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIFEMENTS on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	